



Colorado Department
of Public Health
and Environment

Child and Adult Care Food Program

Appendix C: The Claiming Process Using the CACFP Web-Based System

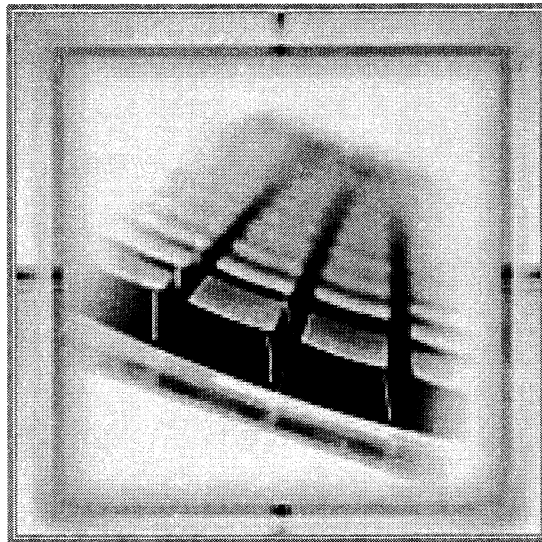


TABLE OF CONTENTS

Welcome to the CACFP Web-Based System for claiming! These instructions will guide you through the online claiming process. This manual is divided into five sections.

NOTE: The CDPHE-CACFP is available to provide technical assistance by phone if difficulties or questions arise. Please contact the CDPHE-CACFP office at (303) 692-2330.

The Claiming Process Using the CACFP Web-Based System

Glossary of Terms Used Throughout this Manual	i
SECTION ONE: Access Claims	1
SECTION TWO: Complete and Submit Claims.....	8
SECTION THREE: Errors and Error Messages	12
SECTION FOUR: Modify and Delete Claims that Have Not Been Processed.....	13
STEPS TO MODIFY CLAIMS.....	13
STEPS TO DELETE CLAIMS.....	15
SECTION FIVE: Complete and Submit Revised Claims.....	22

The Claiming Process Using the CACFP Web-Based System

Glossary of Terms Used Throughout this Manual

Institution: An Institution is an organization the CDPHE-CACFP has entered into an agreement with to assume final administrative and financial responsibility for CACFP operations. An Institution may support a single site (child care, Head Start, at-risk after school program, homeless shelter, or adult day care) operating the CACFP or multiple sites.

Site: A site, is the location where meals claimed for reimbursement are served to CACFP participants in care. Each Institution supports the CACFP in at least one site, where meals are provided. A site is characterized by one or more Program types, including, but not limited to, a child care center, Head Start center, at-risk after school snack program, homeless shelter, outside school hours care center, or adult day care center.

Sponsor of Centers: A Sponsor of Centers refers to an organization, which is entirely responsible for the administration of the CACFP in one or more sites. The sponsoring organization is administratively and fiscally responsible for all sites listed on the agreement and must manage and monitor them as defined by the regulations.

Submitted Claim: A submitted claim is an error free claim completed by the Institution that has been electronically sent to the CDPHE-CACFP office for processing. A submitted claim may not be a processed claim.

Processed Claim: A processed claim is a claim submitted by an Institution that has been processed by the CACFP office. Processed claim information is forwarded to the Colorado Department of Public Health and Environment Accounting Section for payment.

Claim Month: The claim month is the month during which reimbursable meals are served to CACFP participants and claimed for reimbursement.

Original Claim: An original claim is the first claim submitted for the claim month by an Institution.

Revised Claim: A revised claim is the second, third, forth, etc. claim submitted for the claim month by an Institution. An Institution may submit a revised claim due to errors discovered on the original or previous revision for the claim month

SECTION ONE: ACCESS CLAIMS

SECTION ONE: Access Claims

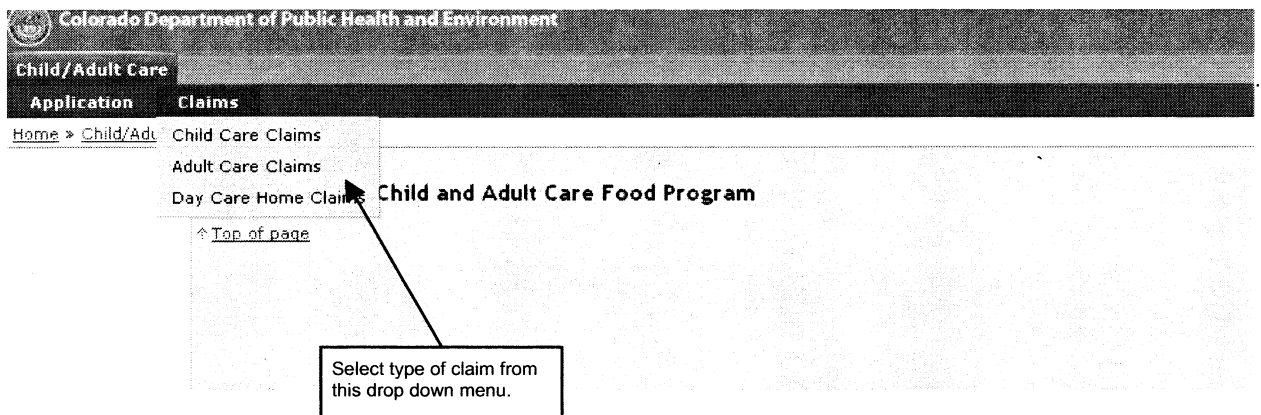
STEP 1

From the System Home Page, click the 'Child/Adult Care' tab in the middle blue menu bar. Additional menu items will appear.

STEP 2

From the System Home Page, choose one of two methods to move to the next screen:

- **Method 1:** As pictured below, place the cursor on the 'Claims' tab in the lower blue menu bar. A drop down box will appear with the selections, 'Child Care Claims', 'Adult Care Claims', and/or 'Day Care Home Claims'.



OR

- **Method 2:** As pictured below, click on the 'Claims' tab in the lower blue menu bar. The 'Claims' screen will appear, which includes a table with the selections, 'Child Care Claims', 'Adult Care Claims', and/or 'Day Care Home Claims'.



Periodically, the CDPHE-CACFP will 'lock down' the claiming portion of the System for a short time to process claims that have been submitted. If you attempt to access claims during this time you will be able to view claims that have been saved and/or submitted. However, once a month is selected from the 'Select a Claim Month' screen, the System will display a message to alert you of the temporary lock down. Attempt to add, modify, or submit revisions to claims later in the day.

SECTION ONE: ACCESS CLAIMS

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Home > Child/Adult Care > Claims

↓ Bottom of page

Claims

Please select an item below to continue.

Select to Continue	Description
Adult Care Claims	Adult Care Claims
Child Care Claims	Child Care Claims
Day Care Home Claims	Day Care Home Claims

↑ Top of page

Select type of claim from this table.

STEP 3

Click on one of these selections based upon whether the Institution is submitting a claim for child care, adult care, or family child care homes.

- NOTE:** If you have just logged in, the 'Program Year Information' screen will appear upon selecting the type of claim (child care, adult care, or family day care home). From the 'Program Year Information' screen, Click on the fiscal year for the month you intend to submit a claim for. October through September defines the fiscal year.

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Program Year Information
Child Care Center Program Claim Form

Please select a program year

Program Year	Begin Date	End Date
2006	10/01/2005	09/30/2006
2005	10/01/2004	09/30/2005

Select the Program Year here.

- NOTE:** If you have already been working in the System, the 'Child Care Claim Entry' screen will appear upon selecting the type of claim (child care, adult care, or family day care home). The 'Program Year Information' screen, pictured above, will not appear.

SECTION ONE: ACCESS CLAIMS

STEP 4

The Claim Entry screen will display the name of the Institution you represent and the Agreement Number. To select the Institution, click the [Select](#) link in the 'Action' column.



To return to the previous screen, click the [Cancel](#) button. To select a different Program year, click the arrow next to: ☐ Program Year: 2005 - 2006

STEP 5

After selecting the Institution, the 'Select a Claim Month' screen will appear. Select the month for which you will submit a claim by clicking on the appropriate link under the 'Claim Month' column.



As pictured below, the 'Select a Claim Month' screen displays information regarding claims already submitted by the Institution, including which versions have been submitted, the status of claims, the date of receipt by the CACFP office, the date of processing, and the claim amount submitted. This screen also displays the date each month's claim is available for completion as well as the number of days remaining to submit a claim for each month.



Original claims for reimbursement must be submitted online within 60 days of the last day of the claim month. Revisions to claims already processed by the CACFP, which will result in an increased amount of reimbursement, must be submitted online within 90 days of the last day of the claim month. Refer to Section Five for instructions to submit revised claims.

SECTION ONE: ACCESS CLAIMS

Colorado Department of Public Health and Environment

Child/Adult Care Application Claims

Child & Adult Care Food Program Child Care Center Claims

111101
My Institution
1234 Main
Fun City, CO 88888

Name of Institution.

Claim amount.

First day a claim can be submitted for the claim month.

Select a Claim Month

Claim Month	Last Revision Number	Claim Status	Received Date	Processed Date	Claim Amount	Date Claim is Available	Days Remaining to File Claim
Oct 2005					\$0.00	11/01/2005	0
Nov 2005					\$0.00	12/01/2005	0
Dec 2005					\$0.00	01/01/2006	0
Jan 2006	0	Claim Errors	04/11/2006		\$0.00	02/01/2006	0
Feb 2006	0	Claim Submitted	04/11/2006		\$97.00	03/01/2006	18
Mar 2006	0	Claim Submitted	04/11/2006		\$0.00	04/01/2006	49
Apr 2006					\$0.00	05/01/2006	
May 2006					\$0.00	06/01/2006	
Jun 2006					\$0.00	07/01/2006	
Jul 2006					\$0.00	08/01/2006	
Aug 2006					\$0.00	09/01/2006	
Sep 2006					\$0.00	10/01/2006	
Year To Date Total					\$97.00		

Latest version submitted. The number, "0" represents an original claim. Numbers greater than zero represent the version number.

The claim status will display here.

Date claim is submitted to the CACFP.

Date claim is processed by the CACFP.

Number of days remaining before the deadline to submit an original claim.

< Back

Click here to return to the previous screen.

STEP 6

Once you select a claim month from the 'Select a Claim Month' screen, the 'CACFP Claim Month Detail' screen will appear. As pictured below, this screen displays information about the Institution's claim for the month selected. If a claim has not been submitted for the month, the [Add Claim](#) button will be available. To complete a claim for that month, click the [Add Claim](#) button. To return to the previous screen, click the [< Claim Year at a Glance](#) button.



The Institution's claim is a compiled claim for one or more approved sites. If the Institution participates in the CACFP in only one location, the Institution's claim will be the same as the claim for the site. If the Institution sponsors more than one site, the Institution's claim will be a compiled claim for all sites.

SECTION ONE: ACCESS CLAIMS

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child & Adult Care Food Program Child Care Center Claim Month Detail

111101
My Institution
1234 Main
Fun City, CO 88888

← Name of Institution.

Claim Date: Jan 2006

Program Year: 2005 - 2006

Claim Type	Received Date	Processed Date	Earned Amount	Status	Action
Currently, there are no claims for this Institution.					

< Claim Year at a Glance Add Claim

Click here to return to the 'Select a Claim Month' screen.

Click here to add a claim for the month for the Institution.



If a claim has already been submitted for the Institution for the month, the 'Add Claim' button will not appear, as displayed in the example screen, pictured below. However, you can modify or delete the claim if it has not been processed by the CACFP by clicking the appropriate link in the 'Action' column. Instructions to modify or delete claims that have not been processed by the CACFP are discussed in Section Four.



If you click the 'Add Claim' button, pictured above, but do not continue with the claiming process, the status of the claim will become 'Incomplete'.

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child & Adult Care Food Program Child Care Center Claim Month Detail

111101
My Institution
1234 Main
Fun City, CO 88888

← Name of Institution.

Claim Amount.

Claim Date: Mar 2006

Program Year: 2005 - 2006

Submission Type	Received Date	Processed Date	Earned Amount	Status	Action
Original	04/20/2006		\$127.00	Not Submitted	Modify Delete Recap

< Claim Year at a Glance

This column displays whether the claim is an original or revised claim.

Date claim is submitted to the CACFP.

Date claim is processed by the CACFP.

Click here to return to the previous screen.

Click here to modify the claim.

Click here to delete the claim.

Click here to view a summary of the claim.

Status of claims will display here.



If a claim has already been submitted for the month, clicking the 'Recap' link in the 'Action' column on the CACFP Claim Month Detail Screen will display the 'CACFP Site Claim Reimbursement Summary' screen, which includes a summary of attendance, enrollment, and reimbursement information for the claim month for all sites. This summary is discussed and displayed in Step 7.

SECTION ONE: ACCESS CLAIMS

STEP 7

After clicking the 'Add Claim' button, the 'Site Claim List' screen will appear. The names of all approved sites will be listed in the 'Site Information' table. If the Institution participates in the CACFP as a single site, only one site will be listed. If the Institution sponsors more than one site, the names of all approved sites will be listed.

As pictured below, this screen displays basic information about each site's claim for the selected month. The screen displays the dollar amount for the each site's most recent completed claim for the month, the total dollar amount for any previous claims for the month that have been processed for each site, and the number of errors on each site's claim.

Colorado Department of Public Health and Environment
Child/Adult Care
Application Claims

Child Care Site Claim List

111101
My Institution
 1234 Main
 Fun City, CO 88888

Latest version submitted. The number, "0" represents an original claim. Numbers greater than zero represent the version number.

Date claim is submitted to the CACFP.

This column displays whether the claim is an original or revised claim.

Claim amount for most recent claim completed for the month.

Claim amount for the most recent claim processed by the CACFP for the month.

Month Claimed	Revision Number	Received Date	Submission Type
Jan 2006	0	04/11/2006	Original

Claim Month.

Note: The list below only includes centers with an approved application.

Site No.	Site Name	Current Earned Amount	Previous Earned Amount	Errors	Action
1	Site One	\$0.00	\$0.00	0	Add
2	Site Two	\$0.00	\$0.00	0	Add
3	Site Three	\$0.00	\$0.00	0	Add
Total Earned Amounts		\$0.00	\$0.00		Net Earnings \$0.00

Names of Sites.

By clicking the 'Submit Site Claims For Payment' button, I certify that this claim is true and correct; that records are available to support this claim; that is in accordance with the terms of existing Agreement(s); and that payments therefore have not been received.

< Claim Month Detail Submit Site Claims For Payment Finished

Click here to return to the previous screen.

When finished, click here to return to the 'Select a Claim Month' screen.

Number of errors in the claim.

Click on this link to view the Site Claim Reimbursement Summary.

Click the 'Add' link to add a claim for a site.

To complete a claim for a site, click the [Add](#) link to the right of the desired site name, in the 'Action' column. The claim form will appear. Refer to Section Two for instructions to complete and submit claims.



The 'Site Claim List' screen also allows you to view the 'CACFP Site Claim Reimbursement Summary' by clicking on the 'View Reimbursement Statement' link. This summary, which can also be accessed by clicking the 'Recap' link in the 'CACFP Claim Month Detail' screen, as discussed in Step 6, includes attendance, enrollment, and reimbursement information for the claim month for all sites. An example 'Site Claim Reimbursement Summary' is displayed below. Click the [Back](#) button to exit the summary and return to the 'Site Claim List' screen.

SECTION ONE: ACCESS CLAIMS

Child and Adult Care Food Program Child Care Site Claim Reimbursement Summary

111101
My Institution
1234 Main
Fun City, CO 88888

Month Claimed	Revision Number	Received Date	Submission Type
Feb 2006	0	04/12/2006	Original

Attendance Reporting

Number of Centers Reporting	Participating Sites	Days Meals Served	Total Attendance	Total Average Daily Attendance
Child Care Centers	2	20	400	20
Outside School Hours Centers	0	0	0	0
Head Start Centers	0	0	0	0
Homeless Centers	0	0	0	0
Area Eligible Centers	0	0	0	0
Total	2	-	400	-

Attendance
Summary

Income Eligibility Categories

Number of Free	Number of Reduced	Number of Paid	Total
20	5	5	30
Percent of Free	Percent of Reduced	Percent of Paid	Percent Total
66.67%	16.67%	16.67%	100%

Income
Eligibility
Summary

Institution Meals Claimed

Meal Type	Meals	Rate	Reimbursement
Breakfast - Free	156	1.2700	\$198.12
Breakfast - Reduced	0	0.9700	\$0.00
Breakfast - Paid	0	0.2300	\$0.00
Total	156	N/A	\$198.12
Lunch - Free	50	2.3200	\$116.00
Lunch - Reduced	50	1.9200	\$96.00
Lunch - Paid	50	0.2200	\$11.00
Lunch - Cash-in-Lieu of Commodities	150	0.1750	\$26.25
Total	150	N/A	\$249.25
Total			\$447.37

Meals Claimed
Summary for the
Institution

Claim Reimbursement Totals

Description	Meals	At Risk	Cash for Commodities	Reimbursement Total
Current Claim	\$421.12	\$0.00	\$26.25	\$447.37
Previous Claim	\$0.00	\$0.00	\$0.00	\$0.00
Net Claim	\$421.12	\$0.00	\$26.25	\$447.37
Advance(s) Recovered	\$0.00	\$0.00	\$0.00	\$0.00
Net Claim Total	\$421.12	\$0.00	\$26.25	\$447.37

Reimbursement
Summary

Site Claim Summary

Site Name - No.	Meals	Rate	Reimbursement
My Institution - 1			
Breakfast - Free	156	1.2700	\$198.12
Breakfast - Reduced	0	0.9700	\$0.00
Breakfast - Paid	0	0.2300	\$0.00
Total	156	N/A	\$198.12
Site Total			\$198.12
Institution - 2			
Lunch - Free	50	2.3200	\$116.00
Lunch - Reduced	50	1.9200	\$96.00
Lunch - Paid	50	0.2200	\$11.00
Lunch - Cash-in-Lieu of Commodities	150	0.1750	\$26.25
Total	150	N/A	\$249.25
Site Total			\$249.25

Meals Claimed
Summary by Site

Click here to return to
the 'Site Claim List'
screen.

< Back

SECTION TWO: COMPLETE AND SUBMIT CLAIMS

SECTION TWO: Complete and Submit Claims

STEP 1

Once the claim form is on the screen, complete the information on the form. Refer to Section 4 of the *Child and Adult Care Food Program, Child Care Manual* or *Adult Day Care Manual* for information regarding the questions on the claim form.

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child and Adult Care Food Program Child Care Site Claim for Reimbursement

Institution Information

111101
My Institution
1234 Main
Fun City, CO 88888

Site Information

1
Site One
4567 Play St.
Fun City, CO 88888

Month Claimed	Revision Number	Received Date	Submission Type
Feb 2006	0	04/12/2006	Original

Attendance Reporting

1. Number of Days Meals were provided during claim period	0
2. Total Attendance - Number of participants that were served at least one meal each day during the claim period as recorded on the ROMS	0
3. Total Enrollment - Number of participants enrolled for care, regardless of CACFP participation	0
4. Number of Title XX Participants (For Profit Centers only)	0
5. Average Daily Attendance	0
6. License Capacity	54

Eligibility

7. Number of Free Participants	0
8. Number of Reduced-Price Participants	0
9. Number of Paid Participants	0
10. Total Eligibility	0

For-Profit Eligibility

11. Title XX Eligibility	0 %
12. Free Reduced Eligibility	0 %

Meals/Snacks Served

	Free	Reduced	Paid	Total
13. Number of Breakfast served	0	0	0	0
14. Number of AM Snack served	0	0	0	0
15. Number of Lunches served	0	0	0	0
16. Number of PM Snack served	0	0	0	0
17. Number of Suppers served	0	0	0	0
18. Number of Late Snacks served	0	0	0	0

Created By:

< Return to Site List Save

SECTION TWO: COMPLETE AND SUBMIT CLAIMS

STEP 2

Once the claim is complete, click the **Save** button at the bottom of the screen. If the claim is free of errors, the 'Site Claim List' screen will appear. Refer to Section Three if the System displays errors when you click the **Save** button.

Colorado Department of Public Health and Environment

Child/Adult Care Application Claims

Child Care Site Claim List

111101
My Institution
1234 Main
Fun City, CO 88888

← Name of Institution.

Month Claimed	Revision Number	Received Date	Submission Type	Claim Warnings.
Feb 2006	0	04/12/2006	Original	

The claim for MY INSTITUTION (Site No. 1) has been saved

Code	Claim Warning(s)	Description
899		The site claim has been saved. Click "Submit for Payment" below to receive reimbursement.

[View Reimbursement Statement](#)

Note: The list below only includes centers with an approved application.

Site Information				Rows Returned: 3	
Site No.	Site Name	Current Earned Amount	Previous Earned Amount	Errors	Action
1 Site One		\$249.25	\$0.00	0	Modify Delete
2 Site Two		\$198.12	\$0.00	0	Modify Delete
3 Site Three		\$0.00	\$0.00	0	Add -
Total Earned Amounts		\$447.37	\$0.00		Net Earnings \$447.37

Names of Sites.

By clicking the 'Submit Site Claims For Payment' button, I certify that this claim is true and correct; that records are available to support this claim; that is in accordance with the terms of existing Agreement(s); and that payments therefore have not been received.

Click here to return to the 'Claim Month Detail' screen. → < Claim Month Detail

Click here to submit the site claims for payment. → **Submit Site Claims For Payment**

Number of errors in the claim. → Errors

Finished

STEP 3

As displayed in the 'Site Claim List', pictured above, the Claim Warnings Section of the screen will prompt you to click the 'Submit for Payment' button, which is located at the bottom of the screen. Click the **Submit Site Claims For Payment** button. NOTE: Do not click the **Finished** button prior to submitting site claims for payment. If you click this button in error, the System will display a warning.



The **Submit Site Claims For Payment** button will not be available if errors exist in any of the site claims. If errors exist, the number of errors will be displayed in the 'Errors' column and the **Submit Site Claims For Payment** button will be gray in color and inaccessible.

SECTION TWO: COMPLETE AND SUBMIT CLAIMS



If a claim for one of the sites contains errors, you can modify the claim to correct it. If you are unable to correct the claim with errors at that time, but would like to submit the claim for the remaining sites that have error free claims, you can delete the claim with errors. At that time the **Submit Site Claims For Payment** button will become available. At a later date, you can submit the claim previously deleted. Refer to Section Four and Section Five for further instructions. Section Four will instruct you how to modify or delete Institution claims if they have not been processed by the CACFP. Section Five will instruct you how to revise Institution claims if the original claim has been already processed by the CACFP.

STEP 4

Once you have submitted the site claims for payment, as instructed in Step 3, the 'Site Claim List' screen will reappear. The screen will display the message, **The claim has been submitted for payment.** in green.

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child Care Site Claim List

111101
My Institution
1234 Main
Fun City, CO 88888

Claim has been submitted for payment message.

Month Claimed	Revision Number	Received Date	Claim Status Type
Feb 2006	0	04/12/2006	Original

The claim has been submitted for payment.

[View Reimbursement Statement](#)

Note: The list below only includes centers with an approved application.

Site Information				Rows Returned: 3	
Site No.	Site Name	Current Earned Amount	Previous Earned Amount	Errors	Action
1	Site One	\$249.25	\$0.00	0	Modify Delete
2	Site Two	\$198.12	\$0.00	0	Modify Delete
3	Site Three	\$86.36	\$0.00	0	Modify Delete
Total Earned Amounts		\$533.73	\$0.00		Net Earnings \$533.73

By clicking the 'Submit Site Claims For Payment' button, I certify that this claim is true and correct; that records are available to support this claim; that is in accordance with the terms of existing Agreement(s); and that payments therefore have not been received.

[Claim Month Detail](#) [Submit Site Claims For Payment](#) [Finished](#)

SECTION TWO: COMPLETE AND SUBMIT CLAIMS

STEP 5

Once you receive the message, The claim has been submitted for payment, click the **Finished** button. The 'Select a Claim Month' screen will appear. The screen will display the updated status of the claims. In the example below, the screen displays the status of the February and March 2006 claims as 'Claim Submitted'.

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child & Adult Care Food Program Child Care Center Claims

111101
My Institution
1234 Main
Fun City, CO 88888

Select a Claim Month

Claim Month	Last Revision Number	Claim Status	Received Date	Processed Date	Claim Amount	Date Claim is Available	Days Remaining to File Claim
Oct 2005					\$0.00	11/01/2005	0
Nov 2005					\$0.00	12/01/2005	0
Dec 2005					\$0.00	01/01/2006	0
Jan 2006					\$0.00	02/01/2006	0
Feb 2006	0	Claim Submitted	04/12/2006		\$533.73	03/01/2006	17
Mar 2006	0	Claim Submitted	04/12/2006		\$18.82	04/01/2006	48
Apr 2006					\$0.00	05/01/2006	
May 2006					\$0.00	06/01/2006	
Jun 2006					\$0.00	07/01/2006	
Jul 2006					\$0.00	08/01/2006	
Aug 2006					\$0.00	09/01/2006	
Sep 2006					\$0.00	10/01/2006	
Year To Date Total					\$552.55		

View the updated claim status here.

Click here to return to the 'CACFP Claim Entry' screen.

< Back

STEP 6

Once you have completed your work, log out of the System by clicking the **Logout** link at the bottom of the screen.

SECTION THREE: ERRORS AND ERROR MESSAGES

SECTION THREE: Errors and Error Messages

After you have completed the claim for reimbursement and clicked the **Save** button, the System will alert you if the data you have entered into the claim is incomplete or rejected by the System. Generally, the System generates errors if meals are counted incorrectly from the Records of Meals Served (ROMS), attendance figures are misreported, or the number of CACFP eligible participants is incorrect.

If the System identifies errors after you click the **Save** button, it will display the claim form with error messages at the top of the form, as pictured below.

If the System notifies you of errors, read the error carefully. Most often, you will need to revisit the records that support the claim to ensure the accuracy of the information you have entered.

The screenshot shows the 'Child and Adult Care Food Program Child Care Site Claim for Reimbursement' form. At the top, the Colorado Department of Public Health and Environment logo is visible. The form is titled 'Child/Adult Care' and 'Application Claims'. The main title is 'Child and Adult Care Food Program Child Care Site Claim for Reimbursement'. Below this, the institution information is listed: '111101 My Institution 1234 Main Fun City, CO 88888'. The site information is listed: '1 Site One 4567 Play St. Fun City, CO 88888'. A table shows the claim details: 'Month Claimed: Mar 2006', 'Revision Number: 0', 'Received Date: 04/13/2006', and 'Submission Type: Original'. Below this, a message states: 'The claim information was saved with the following errors.' A table titled 'Site Claim Error(s)' lists two errors: '10600 Free Breakfast meals served exceed the number of free participants multiplied by the number of days meals were provided.' and '10604 The Total Number of Breakfasts served cannot exceed the Total Attendance.' Below the error messages, the 'Attendance Reporting' section is shown with three items: '1. Number of Days Meals were provided during claim period' with a value of 22, '2. Total Attendance - Number of participants that were served at least one meal each day during the claim period as recorded on the ROMS' with a value of 100, and '3. Total Enrollment - Number of participants enrolled for care, regardless of CACFP' with a value of 10. A box labeled 'Error Messages' points to the error table.

Code	Description
10600	Free Breakfast meals served exceed the number of free participants multiplied by the number of days meals were provided.
10604	The Total Number of Breakfasts served cannot exceed the Total Attendance.

Attendance Reporting

1. Number of Days Meals were provided during claim period	22
2. Total Attendance - Number of participants that were served at least one meal each day during the claim period as recorded on the ROMS	100
3. Total Enrollment - Number of participants enrolled for care, regardless of CACFP	10

To correct errors in the claim, simply delete the information from the appropriate boxes and re-enter the correct information. Once changes are made, scroll to the bottom of the claim form and click the **Save** button. If the claim is error free upon saving, the 'Site Claim List' screen will display, with the warning,

899 The site claim has been saved. Click "Submit for Payment" below to receive reimbursement. as pictured in Step 2 of

Section Two. Submit the claim by clicking the **Submit Site Claims For Payment** button.

SECTION FOUR: MODIFY AND DELETE CLAIMS THAT HAVE NOT BEEN PROCESSED

SECTION FOUR: Modify and Delete Claims that Have Not Been Processed

You may need to modify or delete claims for one or more sites that have already been submitted for payment if claiming errors are discovered after the submission process is complete. The following instructions to modify and delete claims apply only to claims that have been submitted by the Institution, but not yet processed by the CACFP. These instructions will discuss the steps to modify claims first, then steps to delete claims.

STEPS TO MODIFY CLAIMS

STEP 1

Determine whether the claim you wish to modify has been processed by the CACFP. Follow Steps 1 through 5 in Section One of this instructions packet to reach the 'Select a Claim Month' screen. As pictured below, you can determine the status of the Institution's claim for the month of interest by reviewing the 'Claim Status' column. If the status of the claim is 'Claim Errors', 'Not Submitted', or 'Claim Submitted', continue to Step 2. If the claim status is 'Claim Processed', refer to Section Five for instructions to revise a claim that has been processed by the CDPHE-CACFP.

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child & Adult Care Food Program Child Care Center Claims

111101
My Institution
1234 Main
Fun City, CO 88888

Select a Claim Month

Claim Month	Last Revision Number	Claim Status	Received Date	Processed Date	Claim Amount	Date Claim is Available	Days Remaining to File Claim
Oct 2005					\$0.00	11/01/2005	0
Nov 2005					\$0.00	12/01/2005	0
Dec 2005					\$0.00	01/01/2006	0
Jan 2006	0	Claim Errors	04/11/2006		\$0.00	02/01/2006	0
Feb 2006	0	Claim Submitted	04/11/2006		\$97.00	03/01/2006	18
Mar 2006	0	Claim Submitted	04/11/2006		\$0.00	04/01/2006	49
Apr 2006					\$0.00	05/01/2006	
May 2006					\$0.00	06/01/2006	
Jun 2006					\$0.00	07/01/2006	
Jul 2006					\$0.00	08/01/2006	
Aug 2006					\$0.00	09/01/2006	
Sep 2006					\$0.00	10/01/2006	
Year To Date Total					\$97.00		

The Institution's claim status will display here.

< Back

SECTION FOUR: MODIFY AND DELETE CLAIMS THAT HAVE NOT BEEN PROCESSED

STEP 2

Select the month for which you will modify or delete a claim by clicking on the appropriate link under the 'Claim Month' column. The 'CACFP Claim Month Detail' screen will appear. This screen will display again the status of the Institution's claim for that month, as pictured below.

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child & Adult Care Food Program Child Care Center Claim Month Detail

111101
My Institution
1234 Main
Fun City, CO 88888

Claim Date: Mar 2006 Program Year: 2005 - 2006

Claim Type	Received Date	Processed Date	Claim(s) Earned Amount	Status	Action
Original	04/11/2006		\$9.70	Not Submitted	Modify Delete Recap

< Claim Year at a Glance

Status of claims will display here.

Click here to modify the claim.

STEP 3

To modify the Institution's claim for the selected month, click the [Modify](#) link in the 'Action' column. The 'Site Claim List' screen will appear, which will display the names of sites and claim information about all site claims that make up the total claim for the Institution.

If the Institution participates in the CACFP in only one location, the screen will display the name and claim information for only one site. If the Institution sponsors more than one site, the screen will display the names and claim information for all approved sites.

SECTION FOUR: MODIFY AND DELETE CLAIMS THAT HAVE NOT BEEN PROCESSED

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child Care Site Claim List

111101
My Institution
1234 Main
Fun City, CO 88888

Month Claimed	Revision Number	Received Date	Submission Type	
Feb 2006	0	04/12/2006	Original	Edit

[View Reimbursement Statement](#)

Note: The list below only includes centers with an approved application.

Site Information				Rows Returned: 3	
Site No.	Site Name	Current Earned Amount	Previous Earned Amount	Errors	Action
1	Site One	\$249.25	\$0.00	0	Modify Delete
2	Site Two	\$198.12	\$0.00	0	Modify Delete
3	Site Three	\$86.36	\$0.00	0	Modify Delete
Total Earned Amounts		\$533.73	\$0.00		Net Earnings \$533.73

By clicking the 'Submit Site Claims For Payment' button, I certify that this claim is true and correct; that records are available to support this claim; that is in accordance with the terms of existing Agreement(s); and that payments therefore have not been received.

[< Claim Month Detail](#)
 [Submit Site Claims For Payment](#)
 [Finished](#)

Click the 'Modify' link in the 'Action' column to modify the claim for a site.

STEP 4

To modify the claim for the selected month for a particular site, click the Modify link in the 'Action' column. The claim form will appear.

STEP 5

Make modifications to the claim form as necessary. When modifications are complete, click the **Save** button at the bottom of this screen. Follow Steps 2 through 5 in Section Two of this instructions packet to complete the process.

STEPS TO DELETE CLAIMS

If a claim has not been processed by the CACFP, you have the option to delete it. You may delete the entire claim for the Institution for the selected month, which would delete the claims for all sites, or you may delete individual claims for one or more of the sites.

Situations may arise, in which a claim is completed for an incorrect site or you simply wish to start over with a blank claim. Also, as previously mentioned, you may decide to delete a claim for a site, for which the claim information received from the site is incorrect. If the correct information for the site is unavailable at the time, you may wish to submit the other sites' claims for reimbursement. Because all claims entered must be free of errors in order to submit them for payment, you could delete the claim with errors and submit the remaining claims for payment.

SECTION FOUR: MODIFY AND DELETE CLAIMS THAT HAVE NOT BEEN PROCESSED

STEP 1

Determine whether the claim you wish to delete has been processed by the CACFP. Follow Steps 1 through 5 in Section One of this instructions packet to reach the 'Select a Claim Month' screen. As pictured below, you can determine the status of the Institution's claim for the month of interest by reviewing the 'Claim Status' column. If the status of the claim is 'Claim Errors', 'Not Submitted', or 'Claim Submitted', continue to Step 2. If the claim status is 'Claim Processed', the System will not allow you to delete the claim because it has already been processed by the CACFP.

Colorado Department of Public Health and Environment

Child/Adult Care
Application Claims

Child & Adult Care Food Program Child Care Center Claims

111101
My Institution
1234 Main
Fun City, CO 88888

Claim Month	Last Revision Number	Claim Status	Received Date	Processed Date	Claim Amount	Date Claim is Available	Days Remaining to File Claim
Oct 2005					\$0.00	11/01/2005	0
Nov 2005					\$0.00	12/01/2005	0
Dec 2005					\$0.00	01/01/2006	0
Jan 2006	0	Claim Errors	04/11/2006		\$0.00	02/01/2006	0
Feb 2006	0	Claim Submitted	04/11/2006		\$97.00	03/01/2006	18
Mar 2006	0	Claim Submitted	04/11/2006		\$0.00	04/01/2006	49
Apr 2006					\$0.00	05/01/2006	
May 2006					\$0.00	06/01/2006	
Jun 2006					\$0.00	07/01/2006	
Jul 2006					\$0.00	08/01/2006	
Aug 2006					\$0.00	09/01/2006	
Sep 2006					\$0.00	10/01/2006	
Year To Date Total					\$97.00		

< Back

STEP 2

From the 'Select a Claim Month' screen, select the month for which you will submit a claim by clicking on the appropriate link under the 'Claim Month' column. The 'Claim Month Detail' screen will appear. As pictured below, this screen also displays the status of the Institution's claim. Remember, if the claim has been processed by the CACFP, the System will not allow you to delete the claim.

SECTION FOUR: MODIFY AND DELETE CLAIMS THAT HAVE NOT BEEN PROCESSED

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child & Adult Care Food Program Child Care Center Claim Month Detail

111101
My Institution
1234 Main
Fun City, CO 88888

Claim Date: Mar 2006 Program Year: 2005 - 2006

Claim(s)					
Claim Type	Received Date	Processed Date	Earned Amount	Status	Action
Original	04/11/2006		\$9.70	Not Submitted	Modify Delete Recap

< Claim Year at a Glance

Status of claims
will display here.

Click here to delete
the selected month's
claim for the
institution, including
claims for all of its
sites.

STEP 3 Deleting A Claim for the Institution and All Sites

If you wish to delete the selected month's claim for the entire Institution, including claims submitted for all sites, click the Delete link in the 'Action' column from the 'Claim Month Detail' screen. The 'Delete CACFP Claim' screen will appear, as pictured below.

If you **do not** wish to delete the claim for the entire Institution, but only for one or more sites, **do not** click the Delete link on the 'Claim Month Detail' screen. **Skip to Step 6 and follow the instructions to delete a claim for one or more selected sites.**

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

CnpXpress

Delete Child and Adult Care Food Program Child Care Claim

Sponsor			
Sponsor Name	Sponsor Number	Program Year	
My Institution	111101	2006	

Claim Information		
Claim Date	Version	Earned Amount
Feb 2006	Original	\$284.48

To delete this Claim, click the 'Delete' button below.

< Back
Cancel
Delete

SECTION FOUR: MODIFY AND DELETE CLAIMS THAT HAVE NOT BEEN PROCESSED

STEP 4

Review the 'Delete CACFP Claim' screen carefully to verify the accuracy of the information. To delete the claim for the Institution, including claims for all sites, click the Delete button. A confirmation screen will appear, as pictured below.

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

CnpXpress

Sponsor Name	Sponsor Number	Program Year
My Institution	111101	2006

The Claim has been successfully deleted.

Finish

Click here to complete the delete process and return to the 'Claim Month Detail' screen.

STEP 5

The screen pictured above, which appears after deleting the claim, will confirm that the claim has been deleted. Click the Finish button to complete the process and return to the 'Claim Month Detail' screen.

STEP 6 Deleting A Claim for One or More Individual Sites

If you wish to delete the selected month's claim for only one or more individual sites, you must navigate to the 'Site Claim List' by clicking the Modify link in the 'Action' column from the 'Claim Month Detail' screen. **Do not click the Delete link on this screen!**

SECTION FOUR: MODIFY AND DELETE CLAIMS THAT HAVE NOT BEEN PROCESSED

Colorado Department of Public Health and Environment

Child/Adult Care

Application

Claims

Child & Adult Care Food Program Child Care Center Claim Month Detail

111101
My Institution
1234 Main
Fun City, CO 88888

Claim Date: Mar 2006
Program Year: 2005 - 2006

		Claim(s)				
Claim Type	Received Date	Processed Date	Earned Amount	Status	Action	
Original	04/11/2006		\$9.70	Not Submitted	Modify	Delete Recap

[< Claim Year at a Glance](#)

Click the 'Modify' link to navigate to the 'Site Claim List' screen.

STEP 7

By clicking the Modify link on the 'Claim Month Detail' screen, the 'Site Claim List' screen will appear, as pictured below. To delete a claim for the selected month for one or more sites, click the Delete link in the 'Action' column to the right of the site for which you want to delete the claim.

Colorado Department of Public Health and Environment

Child/Adult Care

Application

Claims

Child Care Site Claim List

111101
My Institution
1234 Main
Fun City, CO 88888

Month Claimed	Revision Number	Received Date	Submission Type	
Feb 2006	0	04/12/2006	Original	Edit

[View Reimbursement Statement](#)

Note: The list below only includes centers with an approved application.

Site Information				Rows Returned: 3	
Site No.	Site Name	Current Earned Amount	Previous Earned Amount	Errors	Action
1	Site One	\$249.25	\$0.00	0	Modify Delete
2	Site Two	\$198.12	\$0.00	0	Modify Delete
3	Site Three	\$86.36	\$0.00	0	Modify Delete
Total Earned Amounts		\$533.73	\$0.00		Net Earnings \$533.73

By clicking the 'Submit Site Claims For Payment' button, I certify that this claim is true and correct; that records are available to support this claim; that is in accordance with the terms of existing Agreement(s); and that payments therefore have not been received.

[< Claim Month Detail](#)
 [Submit Site Claims For Payment](#)
 [Finished](#)

Click the 'Delete' link in the 'Action' column to delete the claim for a site.

SECTION FOUR: MODIFY AND DELETE CLAIMS THAT HAVE NOT BEEN PROCESSED

Once you click the Delete link from the 'Site Claim List', the claim will appear, as pictured below, with the statement, Delete Child and Adult Care Food Program Child Care Site Claim for Reimbursement across the top of the claim.

Colorado Department of Public Health and Environment

Child/Adult Care
Application Claims

Delete Child and Adult Care Food Program Child Care Site Claim for Reimbursement

111101
My Institution
1234 Main
Fun City, CO 88888

1
Site One
4567 Play St.
Fun City, CO 88888

Month Claimed	Revision Number	Received Date	Submission Type
Feb 2006	0	04/13/2006	Original

Attendance Reporting

1. Number of Days Meals were provided during claim period	20
2. Total Attendance - Number of participants that were served at least one meal each day during the claim period as recorded on the ROMS	100
3. Total Enrollment - Number of participants enrolled for care, regardless of CACFP participation	10
4. Number of Title XX Participants (For Profit Centers only)	5
5. Average Daily Attendance	5
6. License Capacity	35

Eligibility

7. Number of Free Participants	10
8. Number of Reduced-Price Participants	0
9. Number of Paid Participants	0
10. Total Eligibility	10

For-Profit Eligibility

11. Title XX Eligibility	50 %
12. Free Reduced Eligibility	100 %

Eligibility

7. Number of Free Participants	10
8. Number of Reduced-Price Participants	0
9. Number of Paid Participants	0
10. Total Eligibility	10

For-Profit Eligibility

11. Title XX Eligibility	50 %
12. Free Reduced Eligibility	100 %

Meals/Snacks Served

	Free	Reduced	Paid	Total
13. Number of Breakfast served	26	0	0	26
14. Number of AM Snack served	0	0	0	0
15. Number of Lunches served	0	0	0	0
16. Number of PM Snack served	0	0	0	0
17. Number of Suppers served	0	0	0	0
18. Number of Late Snacks served	0	0	0	0

Created By: testuser on: 04/13/2006

Click the 'Delete' button to delete this Site Claim. Note: This cannot be un-done.

< Return to Site List
Delete

Click the 'Delete' button to delete the claim for the site.

SECTION FOUR: MODIFY AND DELETE CLAIMS THAT HAVE NOT BEEN PROCESSED

STEP 8

Scroll to the bottom of the claim form. The screen will prompt you to click the **Delete** button to delete the site claim. Click this button to delete the claim. The 'Site Claim List' screen will reappear, which will display a confirmation statement, as pictured below.

Colorado Department of Public Health and Environment

Child/Adult Care

Application
Claims

Child Care Site Claim List

111101
My Institution
1234 Main
Fun City, CO 88888

Month Claimed	Revision Number	Received Date	Submission Type
Feb 2006	0	04/13/2006	Original

The claim for MY INSTITUTION (Site No. 1) has been deleted.

Code	Claim Warning(s)	Description
899		The site claim has been saved. Click "Submit for Payment" below to receive reimbursement.

The claim for the site has been deleted.

[View Reimbursement Statement](#)

Note: The list below only includes centers with an approved application.

Site Information				Rows Returned: 3	
Site No.	Site Name	Current Earned Amount	Previous Earned Amount	Errors	Action
1	Site One	\$0.00	\$0.00	0	Add -
2	Site Two	\$0.00	\$0.00	0	Add -
3	Site Three	\$0.00	\$0.00	0	Add -
Total Earned Amounts		\$0.00	\$0.00		Net Earnings \$0.00

By clicking the 'Submit Site Claims For Payment' button, I certify that this claim is true and correct; that records are available to support this claim, that is in accordance with the terms of existing Agreement(s); and that payments therefore have not been received.

< Claim Month Detail
Submit Site Claims For Payment
Finished

STEP 9

Click the **Finished** button to complete the process and return to the 'Select a Claim Month' Screen. To return to the 'Claim Month Detail' screen, click the **< Claim Month Detail** button.

SECTION FIVE: COMPLETE AND SUBMIT REVISED CLAIMS

SECTION FIVE: Complete and Submit Revised Claims

If the CDPHE-CACFP has processed a claim, you may submit a revised claim for that particular claim month. If the revised claim will result in an increased amount of reimbursement, you must submit the revised claim online within 90 days of the last day of the claim month.

Institutions most often make revisions to claims if the information submitted on the original claim is incorrect due to counting errors or if meal counts for a group of participants were left out of the claim by mistake. Institutions with multiple sites may need to revise claims if the original claim for the Institution did not include all of its sites. In these situations, the Institution can submit revised claims at a later date to receive reimbursement for the sites not included in the original claim.



Remember, if the claim has not been processed, you may modify the claim following the instructions in Section Four of this manual.

STEP 1

Follow Steps 1 through 4 in Section One of this manual to reach the 'Select a Claim Month' screen. As pictured below, the status of the March 2006 claim is 'Processed'.

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child & Adult Care Food Program Child Care Center Claims

111101
My Institution
1234 Main
Fun City, CO 88888

Select a Claim Month

Claim Month	Last Revision Number	Claim Status	Received Date	Processed Date	Claim Amount	Date Claim is Available	Days Remaining to File Claim
Oct 2005					\$0.00	11/01/2005	0
Nov 2005					\$0.00	12/01/2005	0
Dec 2005					\$0.00	01/01/2006	0
Jan 2006					\$0.00	02/01/2006	0
Feb 2006	0	Processed	04/13/2006	04/19/2006	\$1,159.68	03/01/2006	10
Mar 2006	1	Processed	04/19/2006	04/19/2006	\$8,846.81	04/01/2006	71
Apr 2006					\$0.00	05/01/2006	
May 2006					\$0.00	06/01/2006	
Jun 2006					\$0.00	07/01/2006	
Jul 2006					\$0.00	08/01/2006	
Aug 2006					\$0.00	09/01/2006	
Sep 2006					\$0.00	10/01/2006	
					\$10,006.49		

The claims for the Institution have been processed by the CDPHE-CACFP.

< Back

SECTION FIVE: COMPLETE AND SUBMIT REVISED CLAIMS

STEP 2

From the 'Select a Claim Month' screen, pictured above, click the appropriate link in the 'Claim Month' column to select the month for which you will submit a revised claim. The 'Claim Month Detail' screen will appear. As pictured below, the 'Claim Month Detail' screen displays the date the CDPHE-CACFP processed the claim. The status of the claim is 'Paid'.



On the 'Claim Month Detail' screen, click the [View](#) link to view the claim for the selected month that has been processed by the CDPHE-CACFP. Click the [Recap](#) button to view the 'Site Claim Reimbursement Summary', which is described in detail in Section One, Step 7.

The screenshot shows the 'Child & Adult Care Food Program Child Care Center Claim Month Detail' screen. At the top, it displays the Colorado Department of Public Health and Environment logo and the text 'Child/Adult Care Application Claims'. Below this, it shows the institution name '111101 My Institution', address '1234 Main', and city 'Fun Citv. CO 88888'. The 'Claim Date' is 'Feb 2006' and the 'Program Year' is '2005 - 2006'. A table lists the claim details:

Submission Type	Received Date	Processed Date	Earned Amount	Status	Action
Original	04/13/2006	04/19/2006	\$1,159.68	Paid	View Recap

Annotations on the screen include:

- A box pointing to the 'Status' column: 'The status of the processed claim is 'Paid'.'
- A box pointing to the 'Recap' link: 'Click here to view the 'Site Claim Reimbursement Summary'.'
- A box pointing to the 'Processed Date': 'Date claim was processed by the CDPHE-CACFP.'
- A box pointing to the '< Claim Year at a Glance' button: 'Click here to return to the 'Select a Claim Month' screen.'
- A box pointing to the 'Add Claim' button: 'Click the 'Add Claim' button to complete and submit a revised claim for the selected month.'
- A box pointing to the 'View' link: 'Click here to view the claim that has been processed by the CDPHE-CACFP.'

STEP 3

To complete and submit a revised claim for the selected month, click the [Add Claim](#) button from the 'Claim Month Detail' screen, pictured above. The 'Site Claim List' screen will appear.

SECTION FIVE: COMPLETE AND SUBMIT REVISED CLAIMS

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child Care Site Claim List

111101
My Institution
1234 Main
Fun City, CO 88888

The 'Revision Number' column displays whether the revised claim is the first, second, third, etc.

The 'Submission Type' column displays whether the claim is a revised or original claim.

Click here to view the 'Site Claim Reimbursement Summary' for the latest version of the claim.

Month Claimed	Revision Number	Received Date	Submission Type
Feb 2006	1	04/19/2006	Revised

[View Reimbursement Statement](#)

Site Information				Rows Returned: 3	
Site No.	Site Name	Current Earned Amount	Previous Earned Amount	Errors	Action
1	Site One	\$0.00	\$640.65	0	Modify -
2	Site Two	\$0.00	\$196.93	0	Modify -
3	Site Three	\$0.00	\$322.11	0	Modify -
Total Earned Amounts		\$0.00	\$1,159.69	Net Earnings \$1,159.69	

By clicking the 'Submit Site Claims For Payment' button, I certify that this claim is true and correct; that records are available to support this claim, that is in accordance with the terms of existing Agreement(s); and that payments therefore have not been received.

[Claim Month Detail](#) [Submit Site Claims For Payment](#) [Finished](#)

Click 'Modify' to complete a revised claim for a site.

STEP 4

Click the [Modify](#) link in the 'Action' column to the right of the name of the site for which you will complete a revised claim. The original or previous version of the claim will appear. The top of the claim form will display the revision number, and the type of claim as 'Revised', as pictured below.

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child and Adult Care Food Program Child Care Site Claim for Reimbursement

111101
My Institution
1234 Main
Fun City, CO 88888

Revision Number

1
Site One
4567 Play St.
Fun City, CO 88888

Type of Claim

Month Claimed	Revision Number	Received Date	Submission Type
Feb 2006	1	04/19/2006	Revised

Attendance Reporting

1. Number of Days Meals were provided during claim period

2. Total Attendance - Number of participants that were served at least one meal each day during the claim period as recorded on the ROMS

3. Total Enrollment - Number of participants enrolled for care, regardless of CACFP

SECTION FIVE: COMPLETE AND SUBMIT REVISED CLAIMS

STEP 5

Make revisions to the claim form. Scroll to the bottom of the screen and click the **Save** button. The 'Site Claim List' screen will appear, as displayed below.

Colorado Department of Public Health and Environment

Child/Adult Care **Claims**

Child Care Site Claim List

111101
My Institution
1234 Main
Fun City, CO 88888

Month Claimed **Revision Number** **Received Date** **Submission Type**

Feb 2006 1 04/19/2006 Revised

The claim for MY INSTITUTION (Site No. 1) has been saved

Claim Warning(s)

Code	Description
899	The site claim has been saved. Click "Submit for Payment" below to receive reimbursement.

[View Reimbursement Statement](#)

Site Information **Rows Returned: 3**

Site No.	Site Name	Current Earned Amount	Previous Earned Amount	Errors	Action
1	Site One	\$19.40	\$640.65	0	Modify Delete
2	Site Two	\$0.00	\$196.93	0	Modify -
3	Site Three	\$0.00	\$322.11	0	Modify -
Total Earned Amounts		\$19.40	\$1,159.69	Net Earnings \$1,179.09	

By clicking the 'Submit Site Claims For Payment' button, I certify that this claim is true and correct; that records are available to support this claim; that is in accordance with the terms of existing Agreement(s); and that payments therefore have not been received.

[< Claim Month Detail](#) **Submit Site Claims For Payment** [Finished](#)



On the 'Site Claim List' screen, in the 'Site Information' table, view the reimbursement amount resulting from the revision by looking in the 'Current Earned Amount' column. The 'Previous Earned Amount' column contains the total reimbursement amount paid for the month's claims submitted prior to the revision. The 'Net Earnings' value under the 'Action' column represents the total amount of the claim for that particular month, including the amount resulting from the revision and the claim amount processed prior to the revision.

STEP 6

You may continue to complete revised claims for other listed select sites by clicking the [Modify](#) link to the right of the name of the desired site, or click the **Submit Site Claims For Payment** if the revisions for the month are complete.

SECTION FIVE: COMPLETE AND SUBMIT REVISED CLAIMS

STEP 7

After submitting the revised claims for payment, the 'Site Claim List' screen will reappear, which will display the message, *The claim has been submitted for payment.* in green. Click the **Finished** button to complete the process and return to the 'Select a Claim Month' screen. Click the **< Claim Month Detail** button to return to the 'Claim Month Detail' screen. As pictured below, this screen will reflect the information about the original claim and any revised claims processed and/or submitted for payment.

Colorado Department of Public Health and Environment

Child/Adult Care

Application Claims

Child & Adult Care Food Program Child Care Center Claim Month Detail

111101
My Institution
1234 Main
Fun City, CO 88888

Claim Date: Feb 2006 Program Year: 2005 - 2006

Submission Type	Received Date	Processed Date	Earned Amount	Status	Action
Original	04/13/2006	04/19/2006	\$1,159.68	Paid	View Recap
Rev 1	04/19/2006		\$19.40	OK to Pay	Modify Delete Recap

Updated information for the original and any revised claims is displayed.

< Claim Year at a Glance

Updated status of original and revised claims for the month.

